assessment in states affected by natural calamities. Assistance is recommended as per the Calamity Relief Fund/National Calamity Contingency Fund guidelines for *ex-gratia* payment in the event of death/injury resulting in hospitalization; restoration of primary health care infrastructure of immediate nature destroyed by the disaster; replacement of damaged medical equipments; provision of medicine; providing temporary health care through camp approach, supplementary nutrition etc.

HIV infected persons

†523. SHRI MOTILAL VORA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of persons infected with HIV in the country and number of persons living in Delhi out of them;

(b) whether it is also a fact that baby delivered by woman suffering from HIV are likely to be infected with HIV;

(c) if so, the steps Government have taken to resolve this problem at war footing; and

(d) if not, the reasons therefore?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) As per the HIV Sentinel Surveillance 2001, there are estimated 3.97 millions HIV positive persons in the country and about 29,000 HIV positive persons in Delhi. As on 30th September, 2002, 713 AIDS cases have been reported by Delhi State AIDS Control Society.

(b) Yes, Sir. The risk of transmission of HIV from a HIV infected women to her baby is about 30 percent

(c) and (d) The Government has undertaken feasibility studies in eleven Centres located in the high prevalence States namely Maharashtra (5), Tamil Nadu (3), Karnataka (1), Andhra Pradesh (1) and Manipur (1). These interventions utilize anti-retroviral drugs AZT (Zidovudine) and Nevirapine as a possible therapy that will reduce mother to child transmission (PMTCT). Encouraged with the results, Government is in the process of a phased scaling up

†*Original notice of the question was received in Hindi.*

of PMTCT services to all medical college hospitals (82), and district hospitals (147) in the high prevalence States. This will be followed by the medical college hospitals (79) in the low prevalence States. Training of PMTCT teams has been completed in 74 medical college and 67 district hospitals of high prevalence States. At present 74 medical college hospitals and 7 district hospitals are providing PMTCT services.

Proposal for setting up of PHCs in Assam

524. SHRI DWIJENDRA NATH SHARMAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have received any proposal for setting up of primary health centres in rural and hilly are as of Assam;

(b) if so, the steps taken thereon; and

(c) the details of funds sanctioned, released and the amount actually utilized in the State during the current financial year?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) As per information available, the Ministry of Health and Family Welfare has not received any proposal from the State Government of Assam for setting up of Primary Health Centres in hilly and rural areas.

(b) and (c) As per the Constitution, Primary Health Care is a State subject. Therefore, it is expected that the State Governments would take action for providing funds for the establishment of Primary Health Centres in accordance with the national norms laid down of one Primary Health Centre for every 30,000 population in plain areas and 20,000 population in hilly and tribal areas. In order to assist States achieve these national norms, Planning Commission at the time of approving the State Five Yearly Plan and annual Plans, provides physical targets to be achieved by the State Governments. Accordingly, for Assam, the Planning Commission has fixed a target of 116 Primary Health Centres to be established during the Tenth Plan period 2003—2007. During the current year, it is expected that Government of Assam would be establishing 23 PHCs from out of its overall plan outlay of Rs. 86.48 crores allocated for the Health Sector.